U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Anthony J Rosaci	Name IRON WORKERS AFL-CIO			
	Labor Organization File Number 000-052			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 55 Barber Rd.	Street 1750 New York Avenue, N.W.			
City Woodstock	City Washington			
State Connecticut ZIP Code + 4 06281-2703	State District of Columbia ZIP Code + 4 20006-530			
5. Position in labor organization. District Representative				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
City				
State ZIP Code + 4				
Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information				
	anying documents), has been examined by the signatory and is, to the best of the			
Signed Muchin A Resser	On 8/4/2005 860-974-1702			
J//	Date Telephone Number			
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Name of Person Filing Anthony Rosaci	File Number U -				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name IMPACT	E				
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street 1750 New York Ave., N.W., NW Lobby					
City Washington					
State District of Columbia ZIP Code + 4 20006					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name	Receives contributions from Employers who have collective bargaining contracts with local unions-\$4,519,541. IMPACT leases office space and employees from Iron Workers-\$1,057,284.				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		mand the state of			
Street	11.b. Approximate dollar value of such dealing.	\$5,576,825			
City	12.a. Nature of interest held or income received.	¥3,370,023			
State ZIP Code + 4	6/2/04 Atlantic City. Regional Advi	isory Board. Food			
		•			
		TOTAL PARTY AND			
	12.b. Amount.	\$99			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.				
(including trade name, if any).	Dinner 10/27/2004				
Name Landon Butler Company					
Trade Name, if any:		a contract of the contract of			
		and the second s			
P.O. Box, Bldg., Room No., if any Suite 925					
P.O. Box, Bldg., Room No., if any Suite 925 Street 700 13th Street, NW					
Street 700 13th Street, NW					

Name of Person Filing Anthony Rosaci	File Number U -

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name National Shopmen Pension Fund	a. Labor Organization	
Trade Name, if any: NSPF		
P.O. Box, Bldg., Room No., if any Suite 401	b. Trust	
Street 1750 New York Avenue, N.W.	c. Employer	
City Washington		
State District of Columbia ZIP Code + 4 20006-5301		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Employers make contributions to Tr to a collective bargaining agreeme	nt. The amount to
Trade Name, if any:	be entered in 11B cannot be determ	ined.
P.O. Box, Bldg., Room No., if any		-
Street		Acceptable and the second and the se
City		THE PROPERTY OF THE PROPERTY O
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Meals associated with attendance a Meeting 10/26/2004- 10/28/2004	t Trustees
	® s	
		To the state of th
	12.b. Amount.	\$114

Name of Person Filing Anthony Rosaci	File Number U-

Part B Continuation Page

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8. Name and address of Business (includ	ing trade name, if any).	9. Business deals with:	
Name Alliance Bernstein		a. Labor Organization	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if any		b. Trust	
Street 1345 Avenue of the Amer	cicas	c. Employer	
City New York			
State New York	ZIP Code + 4 10105		
10. If 9.b. or 9.c. is checked give trust or emp	A Englishment and the second	11.a. Nature of such dealing.	
Name		Provides investment management ser related pension funds	vices to various
Trade Name, if any:			1 may
P.O. Box, Bldg., Room No., if any			**************************************
Street			
City			or common and a co
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$220,668
		12.a. Nature of interest held or income received.	
		Dinner- 10/28/2004	
		GB 5	
			L. Committee of the Com
		12.b. Amount.	\$85